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From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
SOZO THERAPEUTICS LLC**

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

SOZO THERAPEUTICS LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

34911 US HIGHWAY 19 N, STE 600  
PALM HARBOR, FLORIDA 34684

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

SUPREBIZ REGISTERED AGENT, INC.  
2761 VISTA PARKWAY, STE E4  
WEST PALM BEACH, FLORIDA 33411

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

x Paul Smith Paul Smith

SUPREBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS**

MANAGING MEMBER

JAIME RIOS

34911 US HWY 19 N, STE 600

PALM HARBOR, FL 34684

MANAGING MEMBER

RAND MCCLAIN

2701 OCEAN PARK BLVD, STE 119

SANTA MONICA, CA 90405

MANAGING MEMBER

WILLIAM LAGAMBA

34911 US HWY 19 N, STE 600

PALM HARBOR, FL 34684

MANAGING MEMBER

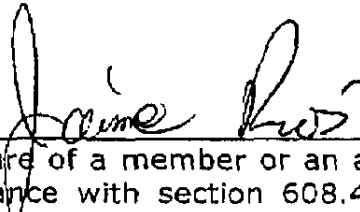
PHILIP GOGLIA

2701 OCEAN PARK BLVD, STE 118

SANTA MONICA, CA 90405

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X

  
Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

JAIME RIOS

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